

JSA JOB-RELATED TRAINING PROGRAM EVALUATION (off-site)

HR Form 304. (TPO 5/01)

Level 1-2

Name: _____ MS: ____ Extension: _____ Date: _____

Division: ____ Job Title: _____ Supervisor: _____

Program/Course Title: _____

Date(s) of Training: _____ Provided by: _____

Below is a list of the key competencies (skills and knowledge) associated with this training. Please check the box that describes your proficiency in each of them now that you have completed the training.

As a result of taking this program, I would describe my ability to do the following as:	Good as instructor	Fully able	Barely able	Aware, but not able	Same as before I took it	N/A
1.						
2.						
3.						
4.						
5.						
6.						
7.						
	Strongly Agree	Agree	Un-decided	Dis-agree	Strongly Disagree	N/A
Overall, the program was worthwhile.						
The program materials were appropriate, clearly written, and helpful.						
The instructor/facilitator was knowledgeable, experienced, and helpful.						

Additional Comments on Reverse